¹U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 892 D	2. Fiscal Year Covered From:		
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name DENNIS E RAYMOND	Name TEAMSTERS LOCAL UNION 677		
	Labor Organization File Number 044-410		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1871 BALDWIN STREET	Street 1871 BALDWIN STREET		
City WATERBURY	City WATERBURY		
State Connecticut ZIP Code + 4 06706	State Connecticut ZIP Code + 4 06706		
5. Position in labor organization. SECRETARY/TREASURER			
Enter appropriate data below if, during the past fiscal year, you or your specified in the exclusion. A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	lusions set forth in the instructions): r derived income or other economic benefit of		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City	,		
State ZIP Code + 4			
Sig	nature		
15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, -snd complete. (See the so	lying documents), has been examined by the signatory and is, to the best of the		
Signed / Comer & Raymon	On 5-15-06 203 - 753 · 3121 Date Telephone Number		

Name of Person Filing DENNIS RAYMOND	Fi	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is activity) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name TRI-STATE JOINT FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 25 RESEARCH DRIVE City MILFORD State Connecticut ZIP Code + 4,06460	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	PROVIDE HEALTH & WELLOCAL UNION MEMBERS.	FARE BENEFITS FOR TEAMSTERS	
City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENTS OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING HEALTH SERVICES FUND CLERKS MEETING HELD BY TRI-STATE JOINT FUND 5/31/2005-6/3/2005. HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.		
	12.b. Amount.	\$950;	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	r parts A and B above) or other thing of value. 14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
(c.b. to the desirious art Employer [] or constraint []	•		

Name of	Person	Filina	DENNIS	RAYMOND

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name TRI-STATE JOINT FUND	a. Labor Organization
Trade Name, if any:	a. Cabbi Organization
Annual suppression of the same	b. Trust
P.O. Box, Bldg., Room No., if any	T. Francisco
Street 25 RESEARCH DRIVE	c. Employer
City MILFORD	
State Connecticut ZIP Code + 4 :06460	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTER LOCAL UNION MEMBERS.
Trade Name, if any:	
Trade Name, II ally.	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION
	WITH ATTENDING BOARD OF TRUSTEES MEETING OF THE TRI-STATE JOINT FUND 3/29/2003-4/17/2003. TRAVEL,
	MEALS AND INCIDENTAL EXPENSES.
	12.b. Amount. \$1,157

Name of Person Filing DENNIS RAYMOND	File Number U-

8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	
Name TRI-STATE JOINT FUND		a. Labor Organization	
Trade Name, if any:		A72 - 7	
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 25 RESEARCH DRIVE		c. Employer	•
City MILFORD			
State Connecticut	ZIP Code + 4 06460		
10. If 9.b. or 9.c. is checked give trust or em	olover's name.	11.a. Nature of such dealing.	
Name		PROVIDE HEALTH & WELFARE BENEFITS LOCAL UNION MEMBERS.	FOR TEAMSTER
Trade Name, if any:			!
P.O. Box, Bldg., Room No., if any			
Street			
City		The state of the s	
State	· ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		REIMBURSEMENT OF EXPENSES INCURRED WITH ATTENDING BCARD OF TRUSTEES M TRI-STATE JOINT FUND 10/18/2005-10 ROOM AND TAX AND INCIDENTAL EXPENS	EETING OF THE /21/2005. HOTEL
		a de la companya de l	!
		12.b. Amount.	\$917

Name of Person Filing DENNIS	RAYMOND	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name TRI-STATE JOINT FUND	∑i a. Labor Organization		
Trade Name, if any:	723		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 25 RESEARCH DRIVE	c. Employer		
City MILFORD			
State Connecticut ZIP Code + 4 06460			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING OF BOARD OF TRUSTEES MEETING OF TRISTATE JOINT FUND 4/16/2005-4/21/2005. HOTEL ROOM AND TAX, TRAVEL, MEALS AND INCIDENTIAL EXPENSES.		
	12.b. Amount. \$1,975		

Name of Person Filing DENNIS	RAYMOND	 File Number U-	
A PENNING PENNING	TOTTHOND		

8. Name and address of Business (including trade name, if any).	9. Business deals with:
	·
Name TRI-STATE JOINT FUND	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 25 RESEARCH DRIVE	
City MILFORD	
State Connecticut ZIP Code + 4 06460	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.
Trade Name of Assure	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City [
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDANCE WITH FUND CONSULTANTS OF TRI STATE JOINT FUND.LUNCH EXPENSE.
	12.b. Amount. \$20

Name of Person Fili	9 DENNIS	RAYMOND

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any). Name TRII-STATE JOINT FUND Trade Name, if any. P.O. Box, Bidg., Room No., if any State [25 RESEARCH DRIVE] City MILFORD State Connecticut ZIP Code + 4 06460 10. If 9.b. or 9.c. is checked give trust or employer's name. Name I			
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 25 RESEARCH DRIVE	8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street [25 RESEARCH DRIVE	Name TRI-STATE JOINT FUND	😿 a. Labor Organization	ļ
Street 25 RESEARCH DRIVE City MILFORD State Connecticut In Nature of such dealing. 11.a. Nature of such dealing. PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSENENT OF EXPENSES INCURRED ON 5/12/2005 INCONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.	Trade Name, if any:		
Street 25 RESEARCH DRIVE City MILFORD State Connecticut ZIP Code + 4 06460	P.O. Box, Bldg., Room No., if any	b. Trust	
State Connecticut ZIP Code + 4 06460 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	Street 25 RESEARCH DRIVE	c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	City MILFORD		
Name PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS	State Connecticut ZIP Code + 4 06460		
Name PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Tib. Approximate dollar value of such dealing. State Tib. Approximate dollar value of such dealing. 12.a. Nature of interest aeld or income received. RETIMBURSEMENT OF EXPENSES INCURRED ON 5/12/2005 IN CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.	10. If 9 b, or 9 c, is checked give trust or employer's name	11.a. Nature of such dealing.	
Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENT OF EXPENSES INCURRED ON 5/12/2005 IN CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.	propries name digital in an asses noncomplete the following of the contract of		FOR TEAMSTERS
Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENT OF EXPENSES INCURRED ON 5/12/2005 IN CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.	Trade Name, if any:		:
Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENT OF EXPENSES INCURRED ON 5/12/2005 IN CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.	D.O. Say Bldg. Boom No. if any		a de la constantina della cons
State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENT OF EXPENSES INCURRED ON 5/12/2005 IN CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.	P.O. Box, Blug., Room No., II any		
State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest neld or income received. REIMBURSEMENT OF EXPENSES INCURRED ON 5/12/2005 IN CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.	Street		
12.a. Nature of interest held or income received. REIMBURSEMENT OF EXPENSES INCURRED ON 5/12/2005 IN CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.	City		
REIMBURSEMENT OF EXPENSES INCURRED ON 5/12/2005 IN CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.	State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.		12.a. Nature of interest held or income received.	and the second state of the second
12.b. Amount. \$19		CONNECTION WITH ATTENDANCE CO-CHAI	RMAN MEETING OF
12.b. Amount. \$19			
12.b. Amount. \$19			1
12.b. Amount. \$19			1
12.b. Amount. \$19			1
		12.b. Amount.	\$19

Name of Person Filing DENNIS RAYMOND	Fite Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name TRI STATE JOINT FUND	(X) a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any			
Street 25 RESEARCH DRIVE	c. Employer		
City MILFORD			
State Connecticut ZIP Code + 4 06460			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTER LOCAL UNION MEMBERS.		
Trade Name, if any:			
P.O. Box, Bldg., Reom No., if any			
Street			
City	The sufficient part of the first terminal and the sufficient part of		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	REIMBURSEMENT OF EXPENSES INCURRED 7/21/2005 IN CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.		
	12.b. Amount. \$6		

Name of	Person	Filing	DENNIS	RAYMOND

File Number U-

Part B Continuation Page

D. Name and Address of Duning and Good union trade name: "Famul	9. Business deals with:	
8. Name and address of Business (including trade name, if any).		
Name TRI-STATE JOINT FUND	🗙 a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
because of the second of the s	c. Employer	
Street 25 RESEARCH DRIVE	_,	
City MILFORD		
State Connecticut ZIP Code + 4 06460		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTER LOCAL UNION MEMBERS.	
particular and the second seco		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	REIMBURSEMENT OF EXPENSES INCURRED 8/5/2005 IN CONNECTION WITH AFTENDANCE CO-CHAIRMAN MEETING OF	
	TRI STATE JOINT FUND.LUNCH EXPENSE.	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	12.b. Amount. \$37	